



Application Data Sheet

Application Information

Application Number:: 10/696,041
Filing Date:: 10/29/2003
Application Type:: Regular
Subject Matter:: Utility
Title Line One:: SIMPLIFIED ONE-HANDED
Title Line Two:: PREEMPTIVE MEDICAL PROCEDURE
Title Line Three:: SITE DRESSING TO PREVENT
Title Line Four:: SHARPS INJURIES AND EXPOSURE
Title Line Five:: TO BLOODBORNE PATHOGENS
Attorney Docket Number:: ZM244/03001
Small Entity?:: Yes

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Joel
Middle Name:: S.
Family Name:: Rossen
City of Residence:: Tamarac
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 7881 NW 90th Avenue
City of mailing address:: Tamarac
State or Province of mailing address:: Florida
Country of mailing address:: US
Postal or Zip Code of mailing address:: 33321

Correspondence Information

Correspondence Customer Number:: 27868

Representative Information

Representative Customer Number:: 27868

Domestic Priority Information

Application::

Continuity Type::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

is an application claiming the benefit
under 35 USC 119(e)

60/422,292

10/30/02

Application::

Continuity Type::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

is an application claiming the benefit
under 35 USC 119(e)

60/499,118

08/29/03